

Building on Our Momentum in Phoenix— Ardent Follow-up is Imperative!

by **Russell Bodoff**

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This issue of INFUSION highlights the events and vital dialogue that took place at the recent 2008 NHIA Annual Conference & Exposition. With one of our largest conference attendances in our history (including the highest number of “first-timer” registrants *ever*), many had the opportunity to participate in two critical plenary sessions that could very well help transform the future of our industry:

- First, we were extremely fortunate to hear an exhilarating presentation from Eric Dishman of Intel about the promising potential for new, emerging technologies to expand health care deeper into the home-based environment, while increasing the quality of care at lower costs (see p. 30 for details).
- Attendees also received a comprehensive overview of the realistic prospects for obtaining legislation to fix the Medicare home infusion reimbursement problem—with members of the association’s Advocacy Team highlighting NHIA’s two-year legislative plan, as well as the need for providers to become much more active in grassroots activities (see p. 27 for details).

As a follow-up to the Dishman technology presentation, NHIA is planning to soon set up a formal task group to explore technologies that could directly assist alternate-site infusion providers with improving the quality of care and reducing costs. Emerging technology offers us all tremendous possibilities for fostering innovation within the field and for creating new, transformative business models for our industry. If anyone within the NHIA membership base has a special knowledge of and/or interest in technologies that enhance serving patients outside the institutional setting—and would like to participate in our new initiative, please send me an e-mail at russell.bodoff@nhia.org.

Where NHIA’s two-year legislation plan is concerned, considerable “next steps” are also required by all key stakeholders in the field, as well. Based upon the enthusiasm, interest and insightful questions asked during and shortly after the conference, it was obvious that many of the attendees were sincerely interested in helping NHIA push through needed legislation—an accomplishment that would be of value to all alternate-site infusion providers. There were numerous offers to aid the NHIA Advocacy Team in this worthy cause through local grassroots outreach and lobbying, as well as by identifying patient stories that could be utilized to clearly demonstrate how individuals or families face hardships because of the lack of appropriate Medicare coverage. These issues remain as important as ever—and we were thrilled to receive such solid commitments from attendees, as NHIA truly needs your help and support to make the legislation fix possible.

Unfortunately, it is now almost eight weeks after the Annual Conference and NHIA has not yet heard back from any member with a patient story. To dramatically increase our chances of influencing legislators on the Hill, we must bring these patients stories to life—for it is personal stories that help members of Congress recognize the need to act. I greatly urge every NHIA member to talk to their intake departments and patients to identify cases where your company could not provide a service due to the lack of coverage... **and then communicate that story to us.**

Am I asking you to do something easy? No, I am not. Am I asking for something that is critical to your company’s future? I am indeed. **NHIA has recently strengthened its Advocacy Team and commitment to push your issues on the Hill—but we cannot do it alone!** We must work together to successfully achieve a meaningful Medicare benefit—and the stories of the patients you care for are at the heart of that success. Therefore, I strongly appeal to each of you to contact John Magnuson, NHIA’s Vice President Legislative Affairs (at 703-838-2664 or john.magnuson@nhia.org), to share the type of compelling patient stories that will make this legislation a reality.

Your continued support and collaboration are imperative—only together will we transform the future of alternate-site infusion.

Regards,

